



Liquor Control Board  
Licensing and Regulation  
PO Box 43098  
Olympia WA 98504-3098  
Phone: (360) 664-1600  
Fax: (360) 753-2710

## Tied House Statement – Retail

Trade Name \_\_\_\_\_ License No. \_\_\_\_\_

- I understand under the provisions of RCW 66.28.010, I shall have no financial interest, directly or indirectly, in any manufacturer, distributor, or importer of alcoholic beverages. This includes ownership in any company within the organizational structure of all breweries, wineries, distributors and/or liquor manufacturers.
- I understand the restriction of RCW 66.28.010 remains in effect as long as I am a party of interest in a retailer of alcoholic beverages.

By signing this form I acknowledge my understanding of the above and any violation of this statement is cause for denial of a license or revocation of any liquor licenses currently held.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of partner, officer, stockholder, LLC  
member or manager

\_\_\_\_\_  
Date